

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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23						
24	1					
25	1					
26	1					
27						
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29	1					
30			1			
31			1			
32			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2		9			
TOTAL DEP.	23		13			
TOTAL CLAIMS	25		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						